



# ALABAMA DEPARTMENT OF HUMAN RESOURCES PROPOSED SERVICE SUMMARY FORM

## PROCUREMENT INFORMATION

**RFP Number:** 2009-100-09

**RFP Title:** *Intensive Residential Services for Children*

**Proposal Due Date and Time:**

*Tuesday, August 25, 2009  
12:00 p.m., Central Time*

**Issuing Division:**

*Family Services*

## VENDOR INFORMATION

(Fill in the information fields below and return this form with original proposal)

**Vendor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Authorized Signatory:** \_\_\_\_\_

## SERVICE INFORMATION

**County/Counties to be served (list additional counties on a separate sheet and attach sheet to this form):**

|          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

**Check the box of the gender(s) and indicate the age(s) of the population to be served.**

**Male** ☐

**Female** ☐

**Age:** \_\_\_\_\_ **years**

**Age:** \_\_\_\_\_ **years**

**Number of Slots:** \_\_\_\_\_

**Number of Slots:** \_\_\_\_\_

**Rate: \$** \_\_\_\_\_

**Rate: \$** \_\_\_\_\_

## LICENSING INFORMATION

**DHR Residential Child Care Facility**

**License** ☐ **Application** ☐

**Mental Health /Mental Illness Division**

**License** ☐ **Application** ☐

**504 Assurance of Compliance (attach a copy)** ☐

**Life Safety Report (attach a copy)** ☐